

AUTO CR - LOG SUMMARY #1072015

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the involved officer responded to a call of dogs attacking a woman. He observed two dogs attacking an unknown woman. The dogs moved away from the woman and then turned to attack her again. The involved officer fired at the dogs, striking one of them. The woman left the scene before she could be identified.	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	HANNA, GLORIA J	290		006 / LIEUTENANT OF POLICE	F	BLK		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
15-OCT-2014 06:38 - 15-OCT-2014 06:38		0731	007	304 - STREET	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	WEST, JEFFREY	1914		006 / POLICE OFFICER	M	BLK		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:	CPIC NOTIFIED IPRA AT 0713 HOURS; LT. HANNA NOTIFIED IPRA AT 0749 HOURS		

Incident Category List

Incident Category	Primary?	Initial?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Investigator History

Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	01-DEC-2014 10:15	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	01-DEC-2014 10:15	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	12-NOV-2014 02:52	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	12-NOV-2014 09:33	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	12-NOV-2014 09:33	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	15-OCT-2014 07:52	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Needs drug/alcohol reports.

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					HAYES, SHANNON	15-OCT-2014 07:52			
	DOCUMENTS - INTAKE INCIDENT		3	Non-Criminal - Other Non-Criminal Property	N	HAYES, SHANNON	20-OCT-2014 10:38	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Jeffrey West	N	HAYES, SHANNON	20-OCT-2014 10:38	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		16		N	TOUSANT, LISA	12-NOV-2014 09:32	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Accused Penalty History

Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 15-OCT-2014) - LOG #1072015

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	HANNA, GLORIA J	290		006 /	LIEUTENANT OF POLICE	F	BLK		

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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	15-OCT-2014 07:52	HAYES, SHANNON	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	01-DEC-2014 10:15	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	01-DEC-2014 10:15	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PRELIMINARY	12-NOV-2014 09:33	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	15-OCT-2014 07:52	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Needs drug/alcohol reports.

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 15-OCT-2014		TIME 06:35:00		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE 304		4. BEAT/OCCUR 0731									
	5. POSITION 9161		6. LAST NAME WEST		7. FIRST NAME JEFFREY		8. STAR NO. 8589		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE BLK		11. AGE [REDACTED]		12. HT. 603		13. WT. 231		
	14. DATE OF APPT. 10-MAY-1999		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 006 0641		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No								
	20. LAST NAME		21. FIRST NAME		22. M.I.		23. SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE		25. D.O.B.		26. HT.		27. WT.				
SUBJECT INFORMATION	28. ADDRESS		29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No										
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?		34. BY WHOM?		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid														
	36. CHARGES PLACED		<input checked="" type="checkbox"/> DNA		37. CB NO.		IR NO.		<input checked="" type="checkbox"/> DNA										
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA																		
	SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE								
MEMBERS RESPONSE	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>										
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>										
OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____									
MEMBER PRESENCE <input type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/>											
VERBAL COMMANDS <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____											
ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>													
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>																	
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>																	
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>																	
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>																	
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>																	
OTHER _____		OTHER _____																	
WEAPON DISCHARGE INCIDENT	39. <input type="checkbox"/> DNA																		
	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		40. ADDITIONAL INFORMATION																
	POSITION		STAR NO.		UNIT														
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS RAIN												
45. MAKE/MANUFACTURER SPRINGFIELD ARMOY M1A		46. MODEL XD45		47. BARREL LENGTH 4 INCHES		48. CALIBER/GAUGE 45 CAL													
49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.											
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED Department Issued		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 10											
59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CATDRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)													
63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO															
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) CAR DOOR		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																	
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																	
CASE INFO.	72.																		
	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.																
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																			
SIGNATURES	73. REPORTING MEMBER (Print Name) WEST, JEFFREY		STAR/EMPLOYEE NO. 8589		SIGNATURE [REDACTED]														
	15-OCT-2014 07:42:23																		
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																			
74. REVIEWING SUPERVISOR (Print Name) OKONSKI, RAYMOND		STAR NO. 1876		SIGNATURE [REDACTED]		DATE REVIEWED 15-OCT-2014 08:01:23		TIME											

CPD-11.3.77 (REV. 10/07)

CPD 0261558

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

I have concluded that the member's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1072015 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

HANNA, GLORIA J

SIGNATURE

DATE COMPLETED TIME

15-OCT-2014 08:07:39

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

1

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.388(6/03)-C)

RD #: [REDACTED]

EVENT #: [REDACTED]

Case ID: [REDACTED]

CLOSED NON-CRIMINAL

INCIDENT

IUCR: 5081 - Non-Criminal - Other Non-Criminal Property

Occurrence

Beat: 0731

Unit Assigned: 0623

Location:

303 - Sidewalk

RO Arrival Date: 15 October 2014 06:45

Occurrence Date: 15 October 2014 06:35

VICTIM - Individual

Name

Res:

Beat: 0731

Beat: 5100

Sobriety: Sober

Demographics

Female

Age:

40 Years

VICTIM - Individual

Name:

Res:

Beat: 0623

Beat: 5100

Sobriety: Sober

Demographics

Female

Age:

26 Years

NON OFFENDER

WITNESS - Individual

Name:

Res:

Beat: 0713

Beat: 5100

Demographics

Male

DOB:

Age:

43 Years

WITNESS - Individual

Name:

Res:

Beat: 0731

Beat: 5100

Demographics

Female

Age:

38 Years

WITNESS - Individual

Name: P.O. WEST

Res: 7808 S Halsted St
Chicago IL
312 - 745 - 3610

Beat: 0621

Beat: 5100

Demographics

Male

Age:

Years

INJURIES	Injury Info (WEEKS,Brandy - Victim)		
	CFD First Aid Given?	Yes	Injury Extent: Minor
			Hospital: [REDACTED]
	Responding Unit:	AMBULANCE 14	Physician Name: [REDACTED]
	<u>Type</u>	<u>Weapon Used</u>	<u>Other Weapon Used</u>
	Abrasions	Hand/Feet/Teeth/Etc.	Other - Dog Bite

DOMESTIC INFO	[REDACTED]
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OTHER	Miscellaneous	
	Victim Information Provided	Flash Message Sent ? No

VEHICLE	Vehicle #1			
	Vehicle:	2007 Buick - Regal - Automobile	Damaged?	Yes
	Style:	Sedan, 4-Door	Damaged Descr:	Passenger Side Rear Doorbullet Hole(S),
	Color-Top/Bottom:	Black/Black	Theft From?	No
	VIN#:	[REDACTED]	Burned?	No
	License Plate #:	[REDACTED] - Illinois - Passenger Car	Destroyed?	No
	Expires:	01-October-2014	Recovered?	No
			Stolen?	No

NOTIFICATIONS	Request Type	Date
	Notification	15 October 2014 07:49



NARRATIVE

EVENT# [REDACTED] N SUMMARY, BEAT 0641 P.O. WEST #8589 (WITNESS) RESPONDED TO A CALL OF STRAY DOGS. UPON ARRIVAL, P.O. WEST (WITNESS) OBSERVED 2 LARGE BLACK DOGS ATTACKING [REDACTED] (VICTIM). P.O. WEST (WITNESS) ATTEMPTED TO DISTRACT THE DOGS SO THAT THEY WOULD STOP ATTACKING THE VICITM BUT THIS ATTEMPT FAILED. P.O. WEST (WITNESS) THEN DREW HIS FIREARM AND FIRED TEN(10) SHOTS AT THE 2 DOGS. ONE OF THE DOGS WAS STRUCK IN THE TORSO. ONE OF THE FIRED ROUNDS STRUCK THE REAR DRIVERS SIDE DOOR OF A 2007 BUICK BELONGING TO [REDACTED] (VICTIM). THE VEHICLE WAS PARKED, UNOCCUPIED, AT THE ABOVE LOCATION. BOTH DOGS FLED THE AREA. THE DOG THAT WAS STRUCK WAS LOCATED AT [REDACTED] IN THE YARD. ANIMAL CONTROL WAS REQUESTED AND THEY ARRIVED ON THE SCENE TO TAKE CUSTODY OF THE DOG AT 0743HRS. THE VICITM OF THE DOG BITE [REDACTED] (VICTIM) FLED THE SCENE. R/O'S TOURED THE AREA FOR THE VICITM AND THE OTHER DOG WITH NEGATIVE RESULTS. [REDACTED] (VICTIM) WAS LATER LOCATED AT HER RESIDENCE OF [REDACTED] WHEN SHE CALLED 911 (AT 0806 HRS) TO REPORT BEING BIT BY A DOG. [REDACTED] (VICTIM) WAS TAKEN TO [REDACTED] BY CFD AMB#14 WHERE SHE WAS TREATED BY [REDACTED] FOR A BITE WOUND TO THE LEFT UPPER TORSO. SHE WAS LISTED IN GOOD CONDITION AT THE TIME OF THIS REPORT. THERE WERE NO OTHER REPORTED INJURIES. SEVEN(7) SHELL CASINGS WERE RECOVERED AT THE SCENE AND INVENTORIED UNDER [REDACTED] I.P.R.A. WAS NOTIFIED AT 0749HS (LOG #1072015).
- STAR#: 8589 NAME: JEFFREY WEST BEAT: 0641
- STAR#: NAME: BEAT: 0630

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Approving Supervisor	1174	[REDACTED]	BEDNAREK, Richard, F	[REDACTED]	15 Oct 2014 09:26	006	
Reporting Officer	19352	[REDACTED]	WILLIAMS III, Herbert	[REDACTED]	15 Oct 2014 09:07	006	0623



**BUREAU OF INTERNAL AFFAIRS
INVESTIGATIVE DIVISION**

**Date: 15 OCT 2014
C.L. 1072015**

GENERAL INVESTIGATIONS SECTION

TO: Juan RIVERA – Bureau Chief
Bureau of Internal Affairs

ATTN: Robert J. KLIMAS –
Commander
Investigations Division

ATTN: Edwin J. KAUP Jr., Star 771
Lieutenant
General Investigations Section

ATTN: Susan CLARK Star 320
Lieutenant
Administrative Section

FROM: Andrew STEWART Star 1259
Sergeant
General Investigations Section

SUBJECT: Synoptic Report – Firearms Discharge Incident (ANIMAL-DOG)

REFERENCE: LOG #: 1072015
WD #: [REDACTED]

RESULTS: B.A.C. - .000

**INCIDENT
LOCATION:**

[REDACTED]

DATE & TIME: 15 October 2014 0637 Hours

DSS Sergeant Richard F. BEDNAREK, Star 1174 – 006th District
WOL Lieutenant Gloria J. HANNA, Star 290 – 006th District

INVOLVED

MEMBER #1: Police Officer Jeffrey WEST
Star 8589
Employee [REDACTED]
Unit of Assignment: 006th District

**BUREAU OF INTERNAL AFFAIRS
INVESTIGATIVE DIVISION**

**Date: 15 OCT 2014
C.L. 1072015**

GENERAL INVESTIGATIONS SECTION

DOA: 10 MAY 1999

DOB: [REDACTED]

IN SUMMARY: R/Sgt. received notification from Sergeant R. PAKULA, Star 968 of Unit 121 at approximately 0700 hours on 15 OCT 2014 regarding a Firearm Discharge Incident in the 006th District involving P.O. WEST. The Reporting Sergeant and Sergeant M. O'CONNOR #2384 responded to the 006th District, arriving at 0735 hours. where Sergeant A. Stewart #1259 conducted a Breath Test and Sergeant M. O'CONNOR #2384 collected a Urine Specimen from P.O. WEST.

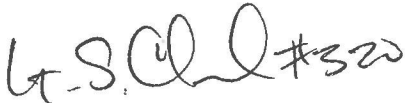
R/Sgt and Sergeant M. O'CONNOR #2384 presented P.O. WEST with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge Incident" form. The 20 (twenty) minute observation period of the involved member began at 0740 hours on 15 OCT 2014. The Breath Test was conducted at 0804 hours on 15 OCT 2014 and returned with a BAC reading of .000. Sergeant M. O'CONNOR also collected a urine specimen from P.O. West at 0905 hours on 15 OCT 2014.

Lieutenant HANNA was notified of the test results of P.O. WEST.

A handwritten signature in blue ink, appearing to read "Andrew Stewart", with the number "1259" written to the right.

Andrew Stewart Star 1259
Sergeant
General Investigations Section

APPROVED:

A handwritten signature in blue ink, appearing to read "Susan E. Clark", with the number "#320" written to the right.

Susan E. CLARK
Lieutenant
Commanding Officer – Administration Section



There are currently 444 users online.

15 October 2014 6:58:19 AM

CLEAR Data Warehouse
Personnel Check Sorted by Name
For All Units
Report Date= 10/15/2014 Requested By= [REDACTED]

Click a Column Heading to sort the data.

LAST	FIRST	MI	SEX	RACE	BIRTH_DATE	AGE	EMPL_#	HGT	WGT	TITLE	APPTMT_DATE	SENRTY_DT	YOJ	DIST	STAR	ASGN	DTL	WATCH	LOGON_ID	EMP_TYPE
WEST	JEFFREY		M	BLK	[REDACTED]	47	[REDACTED]	603	231	9161	10-MAY-1999	10-MAY-1999	15	008	8589	006		2	[REDACTED]	P

This results table currently has 1 records in it.
For Official Police Use Only! Not For Dissemination!



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING
A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name West, Jeffrey Title POLICE OFFICER
Star No. 8589 Employee No. [REDACTED] Unit 006

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name		Involved Member's Signature		Date and Time
<u>Jeffrey West</u>		<u>Jeffrey West</u>		<u>15 OCT 14 / 0740</u>
Type of Test: Alcohol	Location: <u>006</u>	Date and Time: <u>15 OCT 14 / 0804</u>		
Type of Test: Drug	Location: <u>006</u>	Date and Time: <u>15 OCT 14 / 0905</u>		

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name	B.I.A. Supervisor's Signature	Date and Time
<u>Sgt. Mark T. O'Connor</u>	<u>Sgt. Mark T. O'Connor #2384</u>	<u>15 OCT 14 / 0920</u>



OPERATOR

M. O'CONNOR

WITNESS

D N A

TEST LOCATION

1072015

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by Sgt. M. O'Connor #2384

☐ Employer Representative _____

Signature of Employer Representative

PART I -

A. On the 15th day of October, 2014 at 9:05, I, Jeffrey West,
(TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
same cup, then I delivered this cup containing my urine specimen to Sgt. M. O'Connor 2384,
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link
between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial
with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.
I then initialed the evidence tape with specimen ID number _____

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode
label on bag with the number _____

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.
_____	_____

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II -

The urine specimen with the control number _____ as received and then secured in the
appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

PJL
(STAFF MEMBER'S SIGNATURE)

, on

10/15/14
(DATE)

, at

0950
(TIME)

(EXAMINEE'S INITIALS)

PART III -

I attest that the sealed urine specimen bag containing specimen ID number _____

was removed from the Random Drug Testing Unit refrigerator by _____

(RDTU MEMBER)

and then delivered to _____

(LAB MEMBER)

, on

(DATE)

, at

(TIME)

Specimen received by _____

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last:

First:

E. Donor ID Verified:



Photo ID



Emp. Rep.

F. Reason for Test:



Pre-employment (1)



Random (3)



Reasonable Suspicion/Cause (5)



Post-Accident (2)



Promotion (22)



Return to Duty (6)



Follow-up (23)



Other (specify) (99)

G. Drug Tests to be Performed:

H. Collection Site Name:

Address:

City, State and Zip:

Collection Site Code:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:



Split



Single



None Provided (Enter Remark)



Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.



Signature of Collector

Time of Collection

1 AM
PM

(Print) Collector's Name (First, MI, Last)

Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:



Quest Diagnostics Courier



FedEx

Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:



Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact



Yes



No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.



Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No.

Evening Phone No.

Date of Birth

Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:



NEGATIVE



POSITIVE



TEST CANCELLED



REFUSAL TO TEST BECAUSE:



DILUTE



ADULTERATED



SUBSTITUTED

REMARKS



Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:



RECONFIRMED



FAILED TO RECONFIRM - REASON



Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

COPY 2--MEDICAL REVIEW OFFICER COPY

CPD 0261569

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No. B. MPO Name, Address, Phone and Fax No. FORM ID: 38P4500020

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last: First:

E. Donor ID Verified: ☒ Photo ID ☐ Emp. Rep.

F. Reason for Test: ☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)
☐ Return to Duty (6) ☐ Follow-up (23) ☒ Other (specify) (99) Mandatory Post-Accident Discharge

G. Drug Tests to be Performed:

H. Collection Site Name: 006 Collection Site Code:
Address: Collector Phone No.:
City, State and Zip: Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark Specimen Collection: ☐ Split ☒ Single ☐ None Provided (Enter Remark) ☒ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

☒ Signature of Collector Sgt. Mark T. Cannon Time of Collection 7:05 AM 10/15/14 SPECIMEN BOTTLE(S) RELEASED TO: ☒ Quest Diagnostics Courier ☐ FedEx ☐ Other Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: ☒ Signature of Accessioner 1/1/15 Primary Specimen Bottle Seal Intact ☐ Yes ☒ No, Enter Remark SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

☒ Signature of Donor 1/1/15 (PRINT) Donor's Name (First, MI, Last) Cannon Date (Mo./Day/Yr.) 10/15/14 Daytime Phone No. () Evening Phone No. () Date of Birth Mo. Day Yr.

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 15 day of October 2014 P.O. SAETA # 19581
received a collected urine specimen from SGT. O'Connor # 2384. The specimen
was delivered in sealed unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by P.O. SAETA 19581 in the presence
of SGT. O'Connor 2384. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]


or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by P.O. SAETA 19581, as witnessed by SGT. O'Connor 2384

Specimen delivered by: X SGT. Mark T. O'Connor # 2384
Signature

Received/stored by: [Signature] # 19581
Signature

UNIT NO. 121	PROP. INVENTORY NO. 1072015	DATE RECEIVED 15 Oct 14	MANNER RECEIVED <input type="checkbox"/> MAIL <input type="checkbox"/> COUNTER <input type="checkbox"/> CRIME LAB <input type="checkbox"/> OTHER-DESCRIBE	
DELIVERING OFFICER Sgt. M. O'Connor 2384		STAR NO.	E & RPS RECEIVING OFFICER STAR NO.	
CONTENTS - DESCRIBE 				
MOUNT \$				

EVIDENCE - PROPERTY ENVELOPE

EVIDENCE & RECOVERED PROPERTY SECTION
CHICAGO POLICE DEPARTMENT

D-34.559-A

ST. M. O'Connor
2384
SEAL WITHIN WHITE AREA

Last Name: WEST

First Name: Jeffrey West

Rank: P.O.

Star #: 8589

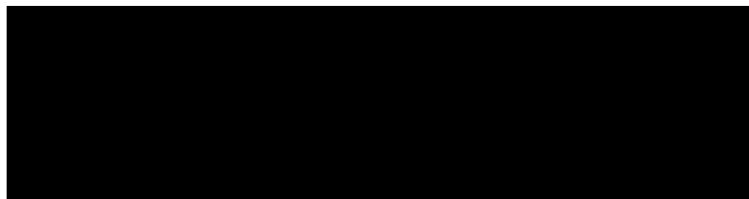
Unit: 006

Home Zip Code: 60652

Date Hired: 10 MAY 99

Birthdate: 

15 OCT 14





NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name West, Jeffrey Title Police OFFICER
Star No. 8589 Employee No. [REDACTED] Unit 006

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name		Involved Member's Signature		Date and Time
<u>Jeffrey West</u>		<u>Jeffrey West</u>		<u>15 OCT 14 / 0740</u>
Type of Test: Alcohol	Location: <u>006</u>	Date and Time: <u>15 OCT 14 / 0804</u>		
Type of Test: Drug	Location: <u>006</u>	Date and Time: <u>15 OCT 14 / 0905</u>		

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name	B.I.A. Supervisor's Signature	Date and Time
<u>Sgt. Mark T. O'Connor</u>	<u>Sgt. Mark T. O'Connor #2384</u>	<u>15 OCT 14 / 0920</u>

CPD-44.252 (REV. 11/11)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by Sgt. M. O'Connor #2384

☐ Employer Representative _____

Signature of Employer Representative

PART I -

A. On the 15th day of October, 2014 at 9:05, I, Jeffrey West,
(TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
same cup, then I delivered this cup containing my urine specimen to Sgt. M. O'Connor 2384,
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link
between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial
with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.
I then initialed the evidence tape with specimen ID number _____

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode
label on bag with the number 59791920 _____

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.
_____	_____

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II -

The urine specimen with the control number _____ as received and then secured in the
appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

PL, on 10/15/14, at 0950,
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III -

I attest that the sealed urine specimen bag containing specimen ID number _____
was removed from the Random Drug Testing Unit refrigerator by _____
(RDTU MEMBER)
and then delivered to _____, on _____, at _____
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____
(LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last:

First:

E. Donor ID Verified:

☒ Photo ID

☐ Emp. Rep.

F. Reason for Test:

☐ Pre-emp

☐ Return to Duty (6)

☐ Follow-up (23)

☒ Other (specify) (99)

Suspicion/Cause (5)

☐ Post-Accident (2)

☐ Promotion (22)

G. Drug Tests to be Performed:

H. Collection Site Name:

Collection Site Code:

Address:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split

☐ Single

☐ None Provided (Enter Remark)

☒ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

☒ Signature of Collector

Time of Collection

AM
PM

(Print) Collector's Name (First, MI, Last)

Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☐ Quest Diagnostics Courier

☐ FedEx

☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED

AT LAB: ☒

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen
Bottle Seal Intact

☐ Yes

☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

☒

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth

Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

☐ NEGATIVE

☐ POSITIVE

☐ TEST CANCELLED

☐ REFUSAL TO TEST BECAUSE:

☐ DILUTE

☐ ADULTERATED

☐ SUBSTITUTED

REMARKS

☒

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED

☐ FAILED TO RECONFIRM - REASON

☒

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

COPY 2--MEDICAL REVIEW OFFICER COPY

CPD 0261576

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the 15 day of October 2014 I P.O. SAE T2 A # 19581
received a collected urine specimen from SGT. O'Connor # 2384. The specimen
was delivered in sealed unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by P.O. SAE T2 A 19581 in the presence
of SGT. O'Connor 2384. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by P.O. SAE T2 A 19581, as witnessed by SGT. O'Connor 2384

Specimen delivered by: X Sgt. Mark T. O'Connor # 2384
Signature

Received/stored by: Quynh L. D. # 19581
Signature



10/16/2014 2:20:46 PM

Drug Detail Report

PATIENT INFORMATION

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: [REDACTED]

SPECIMEN INFORMATION

REQUISITION: [REDACTED]
LAB REF NO: [REDACTED]
COLLECTED: 10/15/2014 09:05
RECEIVED: 10/16/2014 06:05
REPORTED: 10/16/2014 13:38
DOCUMENT ID:

CLIENT INFORMATION

[REDACTED]
USHW/CHICAGO POLICE DEPT
3510 S MICHIGAN AVE
CHICAGO, IL 60653
CSL: N/P

Reason: OTHER -- MANDATORY POST FIREARMS DISCH

Tests Ordered: 39409N

Integrity Checks

Acceptable Range

CREATININE	285.5 mg/dL	>= 20 mg/dL
pH	5.1	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel

	Initial Test Level	GC/MS Confirm Test Level
--	-----------------------	-----------------------------

AMPHETAMINES	Negative	1000 ng/mL	500 ng/mL
BARBITURATES	Negative	300 ng/mL	200 ng/mL
BENZODIAZEPINES	Negative	300 ng/mL	200 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL	150 ng/mL
MARIJUANA METABOLITES	Negative	50 ng/mL	15 ng/mL
METHADONE	Negative	300 ng/mL	200 ng/mL
MDA-ANALOGUES	Negative	250 ng/mL	200 ng/mL
OPIATES	Negative	300 ng/mL	300 ng/mL
OXYCODONES	Negative	100 ng/mL	100 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL	25 ng/mL
PROPOXYPHENE	Negative	300 ng/mL	200 ng/mL

CERTIFYING SCIENTIST: [REDACTED]

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

ADDITIONAL COMMENTS:

Test Type: MANDATORY POST FIREARMS DISCH mapped to OTHR